No. W 82377		Due no later than Mar 31, 2015	2. Registered A	2. Registered Agent and Address (NO PO BOX)			
Return to:	Annual Report Form		JOHN A COLEMAN				
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720	SPRING H	1. Mailing Address: Correct in this box if needed. SPRING HOLLOW FARM, LLC JOHN COLEMAN		401 GOODING ST #201 TWIN FALLS 83303			
BOISE, ID 83720-0080	PO BOX 1 TWIN FAL	293 LLS ID 83303-1293	3. <u>New</u> Register	3. <u>New</u> Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE							
4. Limited Liability Companies: Ente	er Names and Addi	resses of at least one Member or Manager.					
Office Held Name		Street or PO Address	City	State	Country	Postal Code	
MEMBER LESLIE TAYLOR		PO BOX 1293	TWIN FALLS	ID	USA	83303-1293	
5. Organized Under the Laws of:	rganized Under the Laws of: 6. Annual Report must be signed.*						
ID	Signature	e: John Coleman		Date: 01/28/2015			
W 82377	Name (ty	Name (type or print): John Coleman		Title: Agent			
Processed 01/28/2015	* Electronica	* Electronically provided signatures are accepted as original signatures.					